HEARTLAND COUNTRY VILLAGE

634 CENTER STREET

BLACK EARTH 53515 Phone: (608) 767-2572 Ownership: Non-Profit Corporation Operated from 1/1 To 12/31 Days of Operation: 365 Highest Level License: Skilled Operate in Conjunction with Hospital? Operate in Conjunction with CBRF? No Title 18 (Medicare) Certified? Number of Beds Set Up and Staffed (12/31/02): Title 19 (Medicaid) Certified? Total Licensed Bed Capacity (12/31/02): 50 Yes Number of Residents on 12/31/02: Average Daily Census:

Services Provided to Non-Residents		Age, Sex, and Primary Diagn	Length of Stay (12/31/02)	90				
Home Health Care	No			Age Groups	·====== 응	•	31.7	
Supp. Home Care-Personal Care	No	•		!		1 1 10010	48.8	
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	2.4		19.5	
Day Services	No	Mental Illness (Org./Psy)	22.0	65 - 74 4				
Respite Care	No	Mental Illness (Other)	2.4	75 - 84	22.0		100.0	
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	41.5	* * * * * * * * * * * * * * * * * * *	*****	
Adult Day Health Care No		Para-, Quadra-, Hemiplegic	0.0	95 & Over	29.3	B Full-Time Equivalent		
Congregate Meals	No	Cancer	0.0			Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	7.3		100.0	(12/31/02)		
Other Meals	No	Cardiovascular	31.7	65 & Over	97.6			
Transportation	No	Cerebrovascular	24.4			RNs	7.6	
Referral Service	No	Diabetes	0.0	Sex	%	LPNs	10.5	
Other Services	No	Respiratory	0.0			Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	12.2	Male	19.5	Aides, & Orderlies	27.7	
Mentally Ill	No			Female	80.5			
Provide Day Programming for			100.0					
Developmentally Disabled	No				100.0	1		

Method of Reimbursement

		edicare			edicaid			Other			Private Pay	<u>:</u>		amily Care			lanaged Care			
Level of Care	No.	olo	Per Diem (\$)	No.	o _o	Per Diem (\$)	No.	0/0	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	oļo	Per Diem (\$)	Total Resi- dents	- Of
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	4	100.0	346	23	100.0	126	0	0.0	0	14	100.0	155	0	0.0	0	0	0.0	0	41	100.0
Intermediate				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	4	100.0		23	100.0		0	0.0		14	100.0		0	0.0		0	0.0		41	100.0

HEARTLAND COUNTRY VILLAGE

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Admissions, Discharges, and		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/02										
Deaths During Reporting Period												
					% Needing		Total					
Percent Admissions from:		Activities of	%		sistance of	<u> </u>	Number of					
Private Home/No Home Health	2.1	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents					
Private Home/With Home Health	2.1	Bathing	0.0		100.0	0.0	41					
Other Nursing Homes	0.0	Dressing	9.8		68.3	22.0	41					
Acute Care Hospitals	93.8	Transferring	24.4		53.7	22.0	41					
Psych. HospMR/DD Facilities	0.0	Toilet Use	9.8		68.3	22.0	41					
Rehabilitation Hospitals	0.0	Eating	78.0		0.0	22.0	41					
Other Locations	2.1	* * * * * * * * * * * * * * * * * * *	*****	*****	*****	******	*****					
Total Number of Admissions	48	Continence		용	Special Treatr	ments	%					
Percent Discharges To:		Indwelling Or Extern	al Catheter	2.4	Receiving Re	espiratory Care	14.6					
Private Home/No Home Health	0.0	Occ/Freq. Incontinen	t of Bladder	48.8	Receiving Tr	racheostomy Care	0.0					
Private Home/With Home Health	46.3	Occ/Freq. Incontinen	t of Bowel	24.4	Receiving St	uctioning	0.0					
Other Nursing Homes	3.7				Receiving Os	stomy Care	2.4					
Acute Care Hospitals	5.6	Mobility			Receiving Tu	ube Feeding	4.9					
Psych. HospMR/DD Facilities	0.0	Physically Restraine	d	7.3	Receiving Me	echanically Altered Diets	17.1					
Rehabilitation Hospitals	0.0	1										
Other Locations	1.9	Skin Care			Other Resident	t Characteristics						
Deaths	42.6	With Pressure Sores		7.3	Have Advance	e Directives	100.0					
Total Number of Discharges		With Rashes		9.8	Medications							
(Including Deaths)	54	I			Receiving Pa	sychoactive Drugs	68.3					

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

			ership:		Size:		ensure:				
	This	Non	profit	50	-99	Ski	lled	Al			
	Facility	Peer	Group	Peer	Group	Peer	Group	Faci	lities		
	%	%	Ratio	엉	Ratio	90	Ratio	olo	Ratio		
Occupancy Rate: Average Daily Census/Licensed Beds	92.0	87.5	1.05	87.1	1.06	85.3	1.08	85.1	1.08		
Current Residents from In-County	73.2	79.3	0.92	81.5	0.90	81.5	0.90	76.6	0.95		
Admissions from In-County, Still Residing	18.8	21.8	0.86	20.0	0.94	20.4	0.92	20.3	0.92		
Admissions/Average Daily Census	104.3	124.6	0.84	152.3	0.69	146.1	0.71	133.4	0.78		
Discharges/Average Daily Census	117.4	129.0	0.91	153.5	0.76	147.5	0.80	135.3	0.87		
Discharges To Private Residence/Average Daily Censu	s 54.3	50.5	1.08	67.5	0.81	63.3	0.86	56.6	0.96		
Residents Receiving Skilled Care	100	94.7	1.06	93.1	1.07	92.4	1.08	86.3	1.16		
Residents Aged 65 and Older	97.6	96.2	1.01	95.1	1.03	92.0	1.06	87.7	1.11		
Title 19 (Medicaid) Funded Residents	56.1	56.7	0.99	58.7	0.96	63.6	0.88	67.5	0.83		
Private Pay Funded Residents	34.1	32.8	1.04	30.0	1.14	24.0	1.42	21.0	1.62		
Developmentally Disabled Residents	0.0	0.5	0.00	0.9	0.00	1.2	0.00	7.1	0.00		
Mentally Ill Residents	24.4	35.5	0.69	33.0	0.74	36.2	0.67	33.3	0.73		
General Medical Service Residents	12.2	23.8	0.51	23.2	0.53	22.5	0.54	20.5	0.60		
Impaired ADL (Mean)	46.8	50.4	0.93	47.7	0.98	49.3	0.95	49.3	0.95		
Psychological Problems	68.3	54.7	1.25	54.9	1.24	54.7	1.25	54.0	1.26		
Nursing Care Required (Mean)	7.0	6.9	1.01	6.2	1.13	6.7	1.04	7.2	0.97		